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CLINICS.

CLINICAL REMARKS.

Clinical Remarks on Nutritional Affections Consecutive to Neuralgia of the Fifth Nerve. By Dr. ANSTIE.—The secondary affections which occasionally occur in the course of neuralgia have attracted much notice of late years. With regard to neuralgias of the fifth cranial, more especially, it has been proved that these remoter effects of what is usually considered a "functional" disorder of the nerve, may involve very serious consequences to the organ to which its branches are distributed. These possible sequela have been summed up in Dr. Anstie's second Lettsomian lecture, recently published in this journal. Among them is one affection which has never previously been formally described, so far as we are aware, as a consequence of neuralgia—viz., erysipelas; or rather it would be more proper to say, that the susceptibility to the

erysipelatous influence (whatever that may be) has been shown to be greater in tissues supplied by a neuralgic than by a healthy nerve.

In the out-patient room at Westminster Hospital, a woman, aged sixty-three, recently presented herself, in whose case the erysipelatous complication was strikingly illustrated. An attack of neuralgic pain, strictly limited to the auriculo-temporal and supra-orbital branches of the fifth cranial nerve, had been produced by exposure to cold wind. The neuralgia, at the time of observation, was of ten days' standing; but the complaint for which the patient more particularly sought relief was an erysipelatous inflammation very accurately limited to the district occupied by the ramifications of these nervous branches. The phenomena were characteristic of intense neuralgia. Thus there were intense photophobia and lachrymation in the eye of the affected side. The history of the patient disclosed the fact

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that more than one former attack of neuralgia in the same region had been similarly complicated with erysipelatous inflammation. Another symptom, which was also held to be secondary to the neuralgic affection, was painful thickening of the periosteum of the malar bone, at a point to which the erysipelatous inflammation did not extend.

Dr. Anstie remarked that in this case were illustrated several of the most remarkable occasional consequences of neuralgia, or rather of altered dynamic nerve-status of which neuralgia is one expression. The fifth cranial nerve includes not only fibres destined to subserve common and special sensation, but also fibres which govern the calibre of vessels, and others which preside over the nutrition of tissues, and the secretion from glands. In a certain number of cases of neuralgia, not merely the sensitive, but also the vaso-motor and the nutritive fibres are influenced by the depressing cause which produces the neuralgic pain. The effect on the vaso-motor fibres produces, ordinarily, at least one result—congestion of the conjunctival vessels, and, more rarely, such an intense congestion of the vessels of the skin as (with the conjunction, probably, of some septic influence upon the blood) is sufficient to determine erysipelas. The nutritional changes which may be produced in tissues supplied by a neuralgic fifth nerve are very numerous. The present case supplied an example of one of them in the painful thickening of the periosteum immediately surrounding the issue of the malar branch of the nerve. Occasionally, however, we meet with cases in which the cycle of changes secondary to neuralgia of the trigeminus is much more completely illustrated, and such an instance had recently come under Dr. Anstie's notice in a patient to whom Mr. Ernest Hart had called his attention.

M. W——, a woman aged forty-two, well nourished and healthy looking, married, and had one child. She had never suffered from any serious ailment, with the exception of an illness about five years previously. On this occasion she was attacked with facial erysipelas very accurately limited to the right half of the face. Five months before coming under notice she sustained a severe mental shock from being thrown out of a chaise, without (so far as could be

ascertained) suffering any physical damage whatever. An hysterical tendency, which she had always possessed, became more marked; it revealed itself by palpitations, occasional dysphagia, and a disposition to weep causelessly. The menses were flowing at the time of the accident; they ceased abruptly soon after it: they had been scanty for some time before the accident, and they did not reappear till four months after it. The hysterical disturbance progressively increased for a fortnight subsequent to the accident, when the patient was suddenly attacked with violent neuralgia, commencing in the eyeball, and spreading over the district supplied by the first and second divisions of the fifth nerve. The pain was accompanied by intense conjunctival congestion and photophobia; it lasted on the first day fourteen hours, and returned daily for the next fifteen or sixteen days. An attack of erysipelas, strictly limited to the district of the painful nervous branches, then set in. From this moment the neuralgic attacks became less frequent and less severe. A second similar onset of erysipelas occurred three or four weeks after the first. Finally the neuralgia disappeared about four months after its first occurrence, and the menses reappeared in tolerable abundance about the same time. About a fortnight before this the patient had discovered that her right eye was dim: as the photophobia had previously disabled her from opening the eye, she cannot be sure that this was the real beginning of the dimness.

The eye was examined carefully by Mr. Hart. The cornea was blurred by a rather large patch of interstitial lymph, with the remains of a superficial ulcer in its centre; the iris was turbid and discoloured, showing traces of recent, but past, inflammation; the pupil was regular in form, and active to light. Ophthalmoscopic investigation could not be satisfactorily carried out, owing to the state of the media. The conjunctiva was slightly congested. In place of the lachrymation which had prevailed during the neuralgic period, there was a remarkable insensibility of the lachrymal apparatus; for the patient had observed that the smell of onions had no effect on the lachrymal gland of the affected side, while that of the other side was provoked by it to intense lachrymation.

The family history of this patient is most

remarkable. All the members of her mother's family for two generations had died at middle age, either from apoplexy or from some disease involving hemiplegia.

Dr. Anstie remarked that it was hardly possible to come to any other conclusion than that both the erysipelas and the nutritional lesions of the eye had sprung, in this case, from an adynamic condition of the fifth cranial nerve. And it was to be remarked that the family history was suggestive of a strong organic tendency to lesions of the nervous centres. It was at least probable that the constant morbid element in the case was a defective nutritive nism in that part of the medulla oblongata corresponding to the roots of the right trigeminal nerve, and that the exciting cause of the whole series of morbid phenomena in the recent illness was the influence of mental shock upon the faulty nervous tissues existing at this point.—*Lancet*, Nov. 17, 1866.

HOSPITAL NOTES AND GLEANINGS.

Excision of Shoulder-Joint.—The following case, although the operation was performed at King's College Hospital some time ago, we think right to publish, as showing the valuable result of a somewhat formidable operation. We have lately had an opportunity of seeing this patient, who is in perfect health, and has an almost incredible amount of use in the upper extremity:—

Alfred L., aged 30, was admitted into King's College Hospital June 20, 1861, with disease about the shoulder-joint—a tall, well-made man, spare; his family healthy. About twelve years ago he fell on his shoulder. Of this he took no notice, and enjoyed free motion of the joint, and no pain in it except during a change of weather. This pain seemed to be the only remnant of the pain complained of. He was struck by a cricket ball in the fourth or fifth rib about nine years ago. Within the last twelve months he has suffered more severely, and a little nodule appeared at the posterior border of the axilla, eventually becoming painful, the extent of motion in the joint diminishing. At length it broke of its own accord, and in its site is situated the main sinus. Another sinus comes down to within two inches of the insertion of the

deltoid. These sinuses run up to about the outer third of the spine of the scapula. The muscles are much wasted about the joint. He has considerable motion left, and pushing the humerus against the scapula gives him but little pain. A probe detects dead bone in the locality specified.

He was discharged for a short time, and applied poultices during the time he was away.

On July 30, two abscesses, which had formed lower down in the arm, were opened. Shortly after this Sir W. Fergusson, determining to make an examination of the joint under chloroform, his health being much improved, opened up some of the chief sinuses, and found that one of the lower ones ran into the joint. He then cut across the deltoid by a lunated incision, and, opening the joint, turned out the head of the humerus and sawed it off. The coracoid process being diseased, this was also removed. The head of the humerus was necrosed; the glenoid cavity sound. There was very little hemorrhage; the wound was stitched up, and wet lint applied, and the arm bandaged to the side.

By November 2, the back part of the wound had united: but there was some tendency to gape in the anterior part. The wound healed very readily, and he had no bad symptoms, with the exception of being unable to pass his water for two or three days after the operation; but this difficulty soon passed off.

He was well enough to get up December 4, and when he was discharged December 23, the wound had entirely healed, there being a very slight discharge from the lower part of it.

Since his discharge he has been two or three times to the hospital in perfect health, and with a great amount of power in the arm, and very little disfigurement to the shoulder.—*Med. Times and Gaz.*, Nov. 24, 1866.

Treatment of Typhus Fever by Tea.—Dr. T. W. GRIMSHAW, one of the Physicians to Cork Street Hospital, Dublin, relates (*Medical Press and Circular*, Nov. 14th, 1866) thirty-three cases of typhus fever, of which number 21 cases were successfully treated by tea, without any other internal remedy of importance; and some of them were of a severe character. "Case 1 got a

little wine, but not sufficient to be considered as having any effect on the result of the case. Of the remaining cases, Case 23 got ten ounces of wine for a few days, but the quantity was immediately lowered; Case 24 got ten ounces of wine, for one day only, after which it was quickly reduced. In Case 25 the tea was found to disagree, and had to be discontinued; in Case 26 only a small quantity, four ounces of wine daily, was given. Case 27 got ten ounces of wine for one day, but it was also rapidly reduced. Case 28 got large quantities of wine, but this was a remarkably severe case. Thus we have six cases treated with wine and tea both, but in most of these cases only a small quantity of wine was given. Cases 29, 30, 31, and 32 got hot whiskey in addition to the wine and tea, the two former on account of the peculiar condition of the cases; the two latter on account of complications arising during their progress; but even in Case 30 the wine and whiskey given were not in any great quantity. Case 33 is the only case of typhoid I have had an opportunity of trying the tea treatment upon, and, of course, being a single and not very severe case, the results are not sufficient to found any conclusions upon.

"On the whole, the cases detailed, although not very numerous, show unusually favorable results in the treatment of fever, only one death having taken place in thirty-three cases. The success attendant upon the treatment is, I think, quite sufficient to justify the further trial of tea as a remedial agent in typhus and allied diseases.

"I do not by any means wish to affirm that tea, and tea alone, will be found a "specific for fever," and that all cases can be successfully treated with it as a single remedy, but I believe that many cases can be so treated, although many others will require other remedies of a more powerfully stimulating nature. Tea will also be found to be a valuable adjunct to other remedies, as has already been shown by other observers.

"I at first thought of employing caffeine, the active principle of tea and coffee, instead of infusion of tea, but found it too expensive and difficult to procure for use in hospital practice. I believe that a fluid extract of tea, deprived of its astringent matters, will be found the most convenient, and at the same time cheapest mode of administering tea as a therapeutic agent."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Recollections of the Army of the Potomac.—The *Lancet* for Dec. 8th contains the following highly complimentary notice of this interesting work by Dr. JONATHAN LETTERMAN, Medical Director, which we conceive to be so well deserved that we take pleasure in transferring it to our columns.

"This little volume is not, what its modest title would lead us to expect, a running sketch of scenes and incidents such as are likely to come under the observation and engage the attention of a surgeon during a sanguinary campaign. It is a book full of practical instruction for all who are interested in the study of sanitary laws, but chiefly for those who are professionally concerned with the health of armies. The book, in placing before us a concise but comprehensive view of the ambulance and field hospital system of the armies of the United States, shows us the mode by which that system was organized and perfected. Dr. Letterman made his observation of marching and battle his guide in organizing it, and has attained the success which is more sure to attend systems and rules founded upon actual trial and continued use than those based on the best conceived theory devoid of experiment. A wasting army is rescued from the ravages of disease by enforcing a few sanitary rules; the battle-field is deprived of a great part of its horror by ample and effective provision for the wounded; a worse than inefficient medical department, as that of the United States without question had been, is transformed suddenly into a most serviceable medical corps—all this by the administrative ability of one man. Three months are sufficient to show the salutary effect which the enlightened judgment and practical skill of one man had upon the condition of one hundred thousand of his fellow beings. The lesson, it is to be hoped, will not be lost upon those who control the armies of different nations, and who unhappily often ignore the counsel of those whose advice should be law when the health of troops is concerned. Surgeons Hammond and Letterman have placed on a lasting basis the respect and authority of the medical department of the United States armies. Surgeon Hammond amply pro-

vided for the drain of the vast armies by his grand system of general hospitals, which elicited the admiration of the profession throughout the world. Surgeon Letterman has conferred a more durable benefit on the army by devising so thorough a system for field service, one which Congress has wisely incorporated into the military organization of the United States. The reader will consult the volume itself as the best exponent of what is merely intimated in this brief notice. The book would have been more creditable to the publishers if it had been better 'got up.'"

Medical College of Virginia.—Dr. SAMUEL LOGAN, formerly Demonstrator of Anatomy and Adjunct Professor of Surgery in the Medical College of South Carolina, has been appointed Professor of Anatomy in the Medical College of Virginia in place of Dr. A. E. Peticolas, resigned.

Chicago University.—Dr. JONATHAN W. BROOKS has been appointed Professor of Anatomy, Physiology, and Hygiene in this Institution.

Insane Department of the Philadelphia Hospital (Alms-house).—Dr. DAVID RICHARDSON, late Resident Physician at the Northern Dispensary, has been elected Physician-in-chief to the Insane Department of the Philadelphia Hospital.

Hardy on Diseases of the Skin.—Dr. R. P. HUNT, of Louisville, writes us that he has in preparation a translation of the complete works of Hardy on Diseases of the Skin, to be ready, if possible, by the beginning of the present year (1867).

CHOLERA.

On Certain Points in Connection with Cholera.—Dr. FULLER, in a paper read before the Western Medical and Surgical Society, began by expressing his belief that the outbreak of cholera which had occurred this year was only the prelude to a more severe and general epidemic of the disease next year. He grounded his opinion on the fact that in former epidemics the force of the malady had not been felt until the second year, and that although its influence

had this time been chiefly in certain districts, still sporadic cases have shown themselves over the whole metropolis, and notwithstanding the cold weather it has spread over the whole kingdom in some cases with great malignancy; hence he drew the inference that the seeds of a virulent form of cholera are widely sown, and only require a certain atmospheric condition to develop it into an epidemic. Concerning the various theories of cholera, Dr. Fuller believes that the existence of a distinct *materia morbi*—a cholera germ, probably of fungoid origin—is alone capable of explaining the facts of cholera, such as its occasional sudden outbreaks, over at times a vast extent, over at others one of small area; its predilection for low and unhealthy localities; the immunity of localities above a certain level; the differences in its period of incubation; its uniformity of duration as an epidemic in any locality; its spread at times with, and at times in the teeth of, the wind; and also its apparent communicability by contagion in one case and not in another. He showed also how forcibly the experiments of Drs. Salisbury, Flint and others in America pointed to the fungoid origin of ague and other en- and epidemic diseases, which researches render it probable that all so called zymotic epidemics have a fungoid origin. Dr. Fuller then, from well-attested facts, argued the question of the contagion of, and of quarantine for, cholera. With but few exceptions, experience shows us that, in the vast majority of cases, cholera does not evince a contagious character. The admitted failure of quarantine to arrest its progress is to the point. The sudden way in which a town may be affected without the disease being traceable to any human agency of contact, and the way ships may be attacked which have not touched land for weeks, shows how the atmosphere may be the means; also how one town may be full of cholera very near another which has none, notwithstanding hourly communication of people between them. Quarantine will not, therefore, stop cholera when due to an epidemic state of the air, nor will it when not due to that state of air; for cholera has no tendency to spread when proper sanitary precautions are observed. Dr. Fuller then proceeded to discuss the influence of sanitary arrangements in case of cholera, and chiefly dwelt upon the agency of water. It is impossible

to doubt the influence of defective drainage, of the emanations from sewers, gaseous exhalations from all kinds of decomposing filth, of impure water, of overcrowding, bad ventilation, and all other agencies of that kind, in promoting the spread of the disease; nor can any one doubt but that intemperate habits, deficiency of food, depressing passions, etc., do so likewise, partly by lowering nervous power, and so lessening the resistance of the system to its poison, and partly by giving rise to a congenial nidus for the development of the cholera germ. Great praise is therefore due to all those who have exerted themselves in promoting sanitary measures during this epidemic, such as removing nuisances, procuring pure water, good ventilation, etc. All these measures will diminish the spread and the severity of the disease, but will not always attack the true cause of cholera. According to some, cholera is alone due to defective drainage, to others alone due to the water supply, but trustworthy cases have shown how some people have had the cholera never having drunk of the accused water. According to Dr. Fuller's experience, foul water acts, not by introducing the excreta of cholera patients, but as a vehicle for taking in the *materies morbi* it has received from the air, and also by lowering the system through its power to derange the stomach, etc. A purer water supply, as also other preventive sanitary measures, do good in some ways; but, however good, they have little if any influence in checking the progress and duration of the disease. The decline of the disease is often attributed to these so-called preventive measures, rather than, as it ought to be, to the natural decline of the disorder. The natural history of cholera shows that, as an epidemic, its duration is usually limited to three or four months, nor has stamping out diminished this period. The essential cause of cholera must be sought for elsewhere than in neglect of hygienic measures.—*Medical Times and Gaz.* Nov. 24, 1866.

Successful Injection of Warm Water into the Veins in Cholera.—M. LORAIN read, at a recent meeting of the Académie des Sciences, an interesting account of a case of cholera in which he had injected water into the veins with success—the patient having been pronounced by all the physi-

cians who saw him in the most hopeless state. Of robust constitution, he was brought into St. Antoine on September 29, at eight in the morning, having had twelve rice-water stools and vomiting the night before. On admission he presented all the symptoms of the first stage of algide cholera—cramps, chills, general cyanosis, total suppression of urine, loss of voice, absence of pulse, excessive dyspnoea, and extreme prostration. The temperature of the mouth was found to be 32° C., of the axilla 34° , and of the rectum 37.6° . He weighed seventy-one kilogrammes. By the evening everything had become worse. He could neither move nor speak, and the pupils ceased contracting in the presence of light. He was in fact quite insensible; and when lifted on the bed for the purpose of making the injection he exactly resembled a corpse. The dissection necessary to expose the vein was quite unperceived by him. By means of a glass pump 400 grammes of water at 40° C. were injected at 5.30 P. M., the first result perceived being a stronger pulsation of the heart, although the pulse could not yet be perceived; the next result observed was that the respiration became deeper and less oppressed; and the third was an elevation of temperature—a thermometer, kept in the mouth, which before the operation marked 26.8° , ten minutes after its completion indicating 30° . Lastly, immediately after the operation the patient complained, with a feeble voice, that he was thirsty. At 8 o'clock he was asleep, breathing quietly, the skin being moist and recovering its warmth. At 11 o'clock the thermometer in the axilla had risen from 33.6° to 34.6° , the patient having then become restless and vomited abundantly. By the morning of the 30th he was able to rise and sit in a chair, the pulse still, however, remaining insensible, and no urine having reappeared. The thermometer indicated 35.9° in the mouth, 34.6° in the axilla, and 37.8° in the rectum. The weight of the patient had increased by 450 grammes, as he now drank more than he excreted. The patient continued to improve, and on October 2 he passed a litre of urine, his temperature having risen to 36.8° in the mouth, 36° in the axilla, and 37.2° in the rectum. By means of the sphygmograph a regular tracing of his pulse was obtained, indicating strong tension and normal impulses. He left the hospital on

October 8 quite convalescent, and eventually entirely recovered.—*Med. Times and Gazette*, Dec. 8, 1866.

International Conference on Cholera.—

"The great preventive scheme of the Conference on Cholera that met at Constantinople," remarked Dr. Jenner, in his inaugural address as President of the Epidemiological Society, "was strict quarantine, especially between India and Europe—a most vexatious, most costly, and most impracticable scheme." "Neither practicable nor rational," was the terse and forcible expression with which Dr. Farr ended the discussion and summed up his opinion of this scheme at the meeting of the Epidemiological Society on Monday last. In terms not less strong did Dr. Milroy and other members characterize the infeasibility of the recommendations of the Conference for the protection of Europe from future invasions of cholera. And it would appear from the clear and comprehensive account of the proceedings of the Conference submitted by Dr. E. Goodeve to the Society, and which formed the basis of the discussion, that the British Medical Commissioners in the main dissented from these recommendations.

The objections urged against the great scheme of quarantine suggested by the Conference for the purpose of raising a barrier against the transmission of cholera from India to Europe (resting these solely upon its inherent worth) are very cogent. Foremost is the question of expense. Dr. Jenner holds that, so far as this country is concerned, its hygienic condition might be so greatly improved, at a much less cost, as to prevent the spread of cholera, even were its zymotic element constantly among us. And he further urges, as giving additional weight to this consideration, that the improvement in our hygienic condition to such a degree would not only prevent the spread of cholera, but diminish the mortality from almost every other preventable disease. This argument, however, applies equally to every European country, and with scarcely less force to the delta of the Nile, and the sacred land of Mohammedanism—the Hedjaz. It may be extended also, almost unweakened, to the focus of epidemic cholera, British India. This has been clearly shown by the effect of recent sanitary measures there. The danger to the

public health arising from the Hindoo religious festivals—the chief hot-beds of cholera—may be obviated by a systematic sanitary regulation of the places where they are held and of the crowds of devotees which attend them. Conjeeveram, the scene of a celebrated festival, and long a persistent centre of choleraic infection of the surrounding country from the ebb and flow of vast numbers of pilgrims, has, under the energetic measures of the Madras Presidency Sanitary Commission, been purified, and subjected to strict sanitary rule, with the happiest results. Two, if not three or more, festivals have already passed without an explosion of the dreaded epidemic. This fact, the importance of which, in its bearing upon Indian sanitation and the restriction of cholera, was urged in the discussion of Monday night last by Dr. A. P. Stewart, does not stand alone. Dr. E. Goodeve at the same time supplied a still more striking exemplification of the efficacy of hygienic measures in India. There are, he stated, in the Bombay Presidency ninety-four shrines to which pilgrimages are made. In the past year, for the first time, these shrines and the devotees frequenting them were subjected to sanitary control. The result was remarkable. At two only of the shrines did cholera appear, although the disease was far from being inactive among the native population of the Presidency.

Dr. Goodeve holds, and in this belief he is supported by his brother Commissioners at the Conference, Dr. E. Dickson, that the persistence of cholera in India is owing, not to any peculiarity of soil, but to the continued transmission of the disease under unhealthy conditions singularly favourable to such transmission, engendered by man, and admitting of remedy. He believes that this theory of the permanent repetition of the disease is most in accordance with the facts of its prevalence as observed at the present day; and that it offers less difficulty to acceptance and is more fruitful in practical consequences than the vague theories of spontaneous generation.—*Lancet*, Dec. 8th, 1866.

Cholera in Scotland.—In 1832, epidemic cholera broke out in Scotland towards the end of January, and then followed the law which seems to regulate its progress in all the warmer countries of the continent—viz., increased with the rise of temperature,

proved most fatal in the autumnal months, and died out in December. In its subsequent attacks, however, it followed in this country a different law—the law which seems to regulate the spread of fever and most of our epidemics—viz., it first manifested itself in the autumn, as the weather began to cool, increased with the fall of the temperature, and died out in spring on the advent of the warm weather. It is well to be aware of these facts, lest we commit the mistake of trusting that the cold weather will arrest its course, while we neglect to employ those sanitary means which science has proved materially check its ravages.—*Scottish Registrar-General's Report.*

Cholera Statistics in Austria.—The *Wiener Med. Presse* says that it results from authentic reports that the number of cholera cases which occurred in the Austrian Empire from its outbreak at the beginning of July to the middle of October amounted to, in round numbers, more than 200,000, nearly 100,000 proving fatal. These cases were distributed as follows in the various provinces: Lower Austria, 21,595, with 12,625 recoveries and 7971 deaths; Vienna, 7443, with 2493 recoveries and 3242 deaths; Bohemia, 37,597, with 17,716 recoveries and 17,570 deaths; Moravia, 67,192, with 33,735 recoveries and 27,624 deaths; Silesia, 2835, with 1421 recoveries and 1063 deaths; Bukowina, 8582, with 4116 recoveries and 3805 deaths; Lemberg, 19,809, with 7730 recoveries and 9737 deaths; Coast Districts, 1166, with 432 recoveries and 637 deaths; Carinthia, 1087, with 388 recoveries and 430 deaths; Hungary, 48,845, with 20,470 recoveries and 21,556 deaths. The discrepancies of the numbers are explained by the number of cases still under treatment when the report was made up.—*Med. Times and Gazette*, Dec. 8, 1866.

"Strikes" and the Cholera.—It would appear that the workmen in the iron trade have taken all their measures and are prepared to wage a desperate war with capital during the winter months. It is not for us to dilate upon the politico-economical aspects of the strike, but we may fairly draw attention to one fact of considerable import to a large number of our professional brethren.

Cholera has not yet left our shores. Ac-

cording to the most recent accounts it has assumed a very threatening appearance in numerous northern towns. It is not at all improbable that the districts where the men are on strike may have to endure the additional calamity of an outbreak of cholera. Are the leaders of the trades-unions prepared to invite the epidemic? They will argue that the men on strike will be supported by the unions as well as by their earnings, but has this ever been the case? We know by experience that strikes bring want in their wake, and that hunger and distress afford food to disease, especially to epidemics. When these calamities are upon them, we know also that the men will turn instinctively to our profession for aid, and our brethren will devotedly labour to alleviate the pain and distress around them. The sufferers will be unable to pay, and thus another item will be added to the huge debt of the people to the medical profession. Nevertheless, it is a hard thing that the doctor, who devotes all his energies to the emergency and often sacrifices his life to the calls of humanity, should be left unrequited—that, as too frequently happens, at his death he should leave his wife and family unprovided for. If the trades-unions support hundreds of men in idleness, they might as well devote part of their funds to the payment of their members' doctors' bills.

We do not suppose our suggestion will be adopted. The doctor is only appreciated at the moment his services are wanted. But we beg to ask the supporters of those strikes, which bring us so much misery, what would be the consequence if the medical men united in a similar manner and refused to attend any man on strike until they had received their fee?—*Med. Press and Circular*, Nov. 7, 1866.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A death from chloroform occurred at Birkenhead on Thursday week last. The patient was a boy named Hughes, and the operation that was to be performed was lithotomy. The death took place previously to the performance of the operation, the boy ceasing simply to breathe, and the action of the heart ceasing almost at the same moment. The chloroform was administered with every care, and there

was nothing in the condition of the patient to indicate special danger. The jury returned a verdict of Death from chloroform, with an intimation that the anæsthetic "had been properly administered."

This case is very remarkable, owing to the youthful age of the deceased. It has been almost accepted as proven that if moderate care be employed persons under 14 years can hardly be exposed even to risk by chloroform inhalation. The fallacy of this view is now proved by a sad experience, and that which was thought to be a sequence is shown to be a coincidence. If the truth be told, neither in this fatal case, nor in the fatal case at Bristol, where the radial artery was about to be tied, need chloroform have been administered at all; unless it be proved that local anæsthesia would not have afforded every requirement for a painless procedure.—*Med. Times and Gaz.*, Nov. 24, 1866.

Inoculability of Tubercle.—In the *Gazette Hebdomadaire* we have a continuation of M. Villemin's researches as to the inoculability of tubercle. In rabbits he has again and again succeeded in reproducing it in this manner, not only when taken from the human subject, but still more rapidly when derived from the cow; further, the tubercular matter thus produced in one rabbit could be in like manner transmitted to another, in the same way as syphilis.—*Ibid.*

Absorption by Wounds.—M. DEMARQUAY read to the French Academy of Medicine a paper on this subject, of which the following are the chief conclusions: 1. A substance which is soluble in water, like iodide of potassium, when applied to a large denuded surface is rapidly eliminated by the saliva. 2. Applied to a recent wound, the presence of iodine is recognized in the saliva in a period of time which varies between 60, 30, 19, and 15, minutes. 3. When wounds are completely organized they possess great absorbing power, so that at the end of 10, 8, 6, or 4 minutes, and even less, very evident traces of iodine are found in the saliva. We may therefore ask whether the septic element which gives rise to puerperal fever or erysipelas may not be absorbed by the wound itself. 4. In that dangerous complication of wounds known as purulent infection, may we not suppose that this absorbing power, which

has hitherto been so little investigated, plays a considerable part, and will it not explain some of the phenomena generally attributed to phlebitis? 5. Iodine injections thrown into the cavities of abscesses or cysts are rapidly absorbed, elimination having been proved to have commenced in a period varying from 45 to 3 minutes. 6. When these injections are employed in too great quantities or too often repeated, harm may result from the incessant introduction of iodine into the system. 7. Iodine introduced by these various means is generally eliminated by the saliva and urine in from 4 to 5 days.—*Med. Times and Gaz.*, Nov. 24, 1866.

Wounds of Rifle-Bullets in Battle.

There is in the museum of the Army Medical Department a very interesting specimen of a bullet, connected with the wound of the head, and exhibiting nearly one complete turn on its long axis after it had been thus caught or lodged. This bullet, a Russian conical rifle bullet, has been divided in its deadly course by an oblique slit from the apex or tip to the base; and the two divided parts are only held together by a narrow isthmus of lead at one of the angles of the base of the section. But that is not all; this isthmus, or connecting strip is twisted round itself like a piece of cord, carrying with it the thinner section of the bullet, or that section which was most easily acted upon by the twisting force. There are ridge and furrow lines on the separated surfaces of the bullet, and they are contorted from the right to the left, indicating the direction towards which the rotary force of the projectile had modified the direction of the bisecting force. Here we have the demonstration of the influence of the spinning property of a rifle bullet in motion, first detected we believe by Professor Longmore. The general conclusions drawn by Mr. Longmore are, if elongated projectiles, such as the Whitworth bullets, were substituted for the Enfield: First, that the number of head and trunk wounds would be greatly increased; the amount of increase being proportional to the velocity and lower trajectory and greater hardness of the Whitworth hexagonal projectile. Secondly, that of these wounds a greater proportion than now usually happens in war would be attended with fatal results on the field of battle. Thirdly, that there would be, in like pro-

portion, a greater number of fractures of bones, as well as of flesh wounds of the extremities, but the comparative degree of severity of these can hardly be stated without further experience.—*British Med. Journ.* Oct. 27, 1866., from *U. Service Magasin*.

Effects of the Heat Rays on the Eyes—Modifications in Telescopes, &c.—Our contemporary, " *Cosmos* " (p. 275), describes a modification which might be adopted in telescopes, and even microscopes, with advantage—the calorific or heat rays being extremely dangerous when viewing such bodies as the sun. M. Foucault proposes to take advantage of certain properties possessed by certain metals of arresting the calorific rays, and of letting the luminous rays pass. Silver deposited by chemical process possesses this property in a high degree. The objective of the telescope is covered with a layer of this metal. The editor of " *Cosmos* " says that you obtain, by the use of such an instrument, an image perfectly clear, agreeable to the eye, and one which produces no fatigue. The image is exactly similar to what you would obtain by the use of a violet glass.—*Med. Press and Circular*, Nov. 21, 1866.

On Some Sugars—M. Fudakowski says that sugar of milk is a mixture of two distinct glucoses. After boiling with diluted sulphuric acid for an hour, neutralizing with chalk and filtering, and then evaporating to a syrupy consistence, the addition of alcohol determines the formation of crystals, right prisms. The mother liquors left to themselves for some weeks give hexagonal tables as described by M. Pasteur. The sugar, crystallized in hexagonal tables, is more soluble in alcohol than the prismatic sugar. Its taste is sweeter, and it ferments more easily. The rotary powers of these two sugars are different. It, therefore, appears that the sugar of milk, like the cane sugar, separates, after ebullition with acids, into two distinct kinds.

M. Dehn (*Zeitschrift für Chemie*) gives an account of a sugar formed by boiling a glucoside (hesperidine) with diluted acids. Hesperidine is left in the residues after distilling the essence of neroli from the flowers of citrus decumana. Two or three products are described under the name of hesperidine—vide "*Watts' Dictionary of Chemistry*."

The sugar of hesperidine is very soluble in cold water, and in all proportions in boiling water. The syrup, left to spontaneous evaporation, takes after a little time a radiantly crystalline mass. It is very soluble in alcohol.

It has the formula $C^6H^{14}O^6$.

It does not reduce Fehling's solution (sulphate of copper, tartrate of potash, and soda). This sugar is, from its composition, an isomere of mannite. Its solution is able to turn the plane of polarization to the right.—*Med. Press and Circular*, Nov. 21, 1866.

Description of the Electrical Room in the National Hospital for the Epileptic and Paralyzed.—At a recent visit to this hospital, we took the opportunity of examining carefully the electrical room, which is a model of its kind, and of which some account may be interesting to our readers. It is, we think, the only room of the sort in English hospitals which justly represents the present condition of electrical science as applied to medicine. There is reason to hope that the movement initiated here is being taken up by other metropolitan hospitals. The room in question owes its origin to the earnest desires of the physicians (Drs. Ramskill, Radcliffe, Sieveking, Russell Reynolds, Hughlings, Jackson, and Baz're) to give to their patients every possible and probable advantage to be derived from science. Their desires have been ably carried out by the medical superintendent, Mr J. N. Radcliffe, who is also the medical galvanist of the hospital, and who is responsible for the electrical arrangements.

It may be premised that among medical electricians the term *galvanization* has been adopted to indicate the application of the continuous current; *faradization*, the application of induced currents; and *electrization*, the application of franklinic or static electricity. But the latter term is also used as a general term, including all the different forms of application.

The electrical apparatus used for medical purposes at the National Hospital for the Paralyzed and Epileptic may be thus briefly described:—

1. *Galvanization.*—A Muirhead's battery of 100 cells, arranged especially for medical use by Messrs. Elliott, Brothers. This form of battery is the one chiefly in favour

for telegraphic purposes in this country. As used at the National Hospital it is charged with a saturated solution of sulphate of copper and simple water. Thus prepared for action, it gives off a large quantity of electricity of low tension; acts efficiently and without need of recharging for three months; and thus far would appear to satisfy the principal requirements of electro-therapeutics when the continuous current is in question. The cells are grouped in fives up to eighty, the remaining twenty being arranged in two groups of ten, and by an ingenious device any number of the cells thus connected can be brought into play without altering the position of the conducting wires.

2. *Faradization*.—The instruments used for faradization are of two kinds—those placed in action by a voltaic cell or cells; and those in which a permanent magnet is the exciting power. The former are known as volta-electric instruments, the latter as magneto-electric. The volta-electric instrument chiefly used at the National Hospital is Stöhrer's, of Dresden. This instrument, from the peculiar construction of its cell, has the following important advantage over other instruments of the same class: (1) it is constantly ready for use; (2) it requires recharging, on an average, once only every three months. For hospital purposes, and where electricity is frequently used in practice, this instrument is unrivalled.¹

In addition to Stöhrer's instrument, Mr. Radcliffe uses under special circumstances Duchenne's large induction apparatus. A modification of this apparatus, less cumbersome than the original, but equally effective, has been made for him by Mr. Pratt, of Oxford-street. This instrument is set in action by a single Grove's cell.

The magneto-electric instruments used at the National Hospital are Gaiffe's, Duchenne's, and, under some circumstances, the form of instrument commonly known as the American.

3. *Electrification*.—For franklinic or static electricity a two-foot plate machine is used. In addition to the ordinary insulating stool, an ingenious method of insulating a sofa or bedstead (devised, we believe, by Dr. Radcliffe) is adopted.

This brief description conveys a very

imperfect notion of the arrangement of the electrical room and the beauty of the instrument. A correct knowledge of both the former and the latter can only be acquired by a personal inspection; and it may be useful to mention, for the sake of those who are interested in this important subject, that the periods especially devoted to electro-therapeutics at the hospital are the afternoons of Monday, Tuesday, Wednesday, and Friday.

At the time of our visit we saw several most interesting cases, and had the opportunity of watching the measures adopted by Mr. Radcliffe in carrying out two systematic series of observations of special moment. The first referred to the practical application of the electro-therapeutical principles laid down by Dr. Radcliffe in his lectures delivered at the Royal College of Physicians, and since published;¹ the second, to the use of the interrupted galvanic current (of the continuous current battery) in certain forms of paralysis, as yet little understood.

Of the first series of observations, although full of promise, it would be premature to speak. It is too early to estimate the results of the treatment carried out on Dr. Radcliffe's principles in the cases we observed.

Of the second series of observations something definite may be said. Baierlacher, Schulz, Meyer, and Ziemssen have placed on record cases of complete paralysis of the portio dura, in which, while there was entire absence of electro-mobility of the muscles of the affected side when tested by an induced current, energetic contraction of the muscles occurred under the influence of the interrupted galvanic current. Further, it was observed that in proportion as involuntary power and susceptibility to the excitation of an induced current were gained in the paralyzed muscles, the influence of interrupted galvanic current declined. These facts, Ziemssen pointed out, suggested a series of important questions. It was first to be ascertained in what paralytic condition the interrupted galvanic, and in what the induced, current will increase the irritability of the paralyzed muscle and its nerve, against the same current; what is the duration of this artificial increase of irri-

¹Stöhrer's agent in England is Mr. Pratt, of Oxford-street.

¹Lectures on Epilepsy, Pain, Paralysis, and certain other Disorders of the Nervous System. Churchill, 1884.

tability; in what relations the volitional and the artificial contractility stand to one another; whether the effect of the interrupted galvanic current may not also be obtained from an induced current with very slow interruptions.

Mr. Radcliffe, having Ziemssen's observations in mind, has been carefully observing the paralytic conditions in which the interrupted galvanic current increases the irritability of the muscles, the induced current failing to affect them; and the therapeutic effect of the interrupted galvanic current under such circumstances. His observations have been limited as yet to paralysis of the portio dura, paralysis of the deltoid, lead palsy, and infantile paralysis. In a case of paralysis of the portio dura (under the care of Dr. Radcliffe), his observations confirmed those of Ziemssen; and the result, therapeutically, was also, as in Ziemssen's recorded case, negative. In six cases of lead palsy (*wrist drop*) of different dates (four of which we saw, two under the care of Dr. Ramskill, and two under Dr. Sieveking), all the muscles which were indifferent to the most powerful induced current contracted energetically under the galvanic current when contact was made or broken. These cases are still under treatment; and it remains to be seen whether the duration of the paralysis may be shortened by the use of the interrupted galvanic current as compared with the induced. A case of paralysis of the deltoid (under the care of Dr. Reynolds), which we saw, is of remarkable interest. The patient is a blacksmith, twenty-five years of age. In March last, after suffering several days from severe "rheumatic" pains, so termed, in both shoulders, but particularly the left, he lost suddenly, whilst working with an ordinary-sized hammer one morning, the power of raising his arm. When first seen, five weeks after this occurred, the deltoid and infra-spinatus muscles of the right side were found to be completely paralyzed, and there was some wasting of the former muscle. The contractility of both muscles, under the induced current, was annihilated; the electric sensibility was diminished over the infra-spinatus, and this form of sensibility as well as the sensibility to heat, cold, tickling, and touch, were absolutely wanting in a triangular space (the apex pointing downwards) over the deltoid, measuring two inches and a half at the base, and five

inches from the base to the apex. Under powerful faradization, seven times repeated, at intervals of three days, not a trace of contraction could be excited in the paralyzed muscles, and the wasting evidently increased. Electro-puncture was had recourse to several times; but a dubious action of some superficial fibres was the only result. Mr. Radcliffe then, remembering Ziemssen's observations on paralysis of the portio dura, tried the interrupted galvanic current. With thirty-five cells of the battery described, which produced no effect on the healthy left deltoid and infra-spinatus, a marked contraction of both paralyzed muscles was excited; with forty-five cells (also ineffective upon the healthy muscles), an energetic contraction. Mr. Radcliffe from this time used the interrupted galvanic current alone, thrice weekly, and each time about ten minutes, until it had been applied thirty times. At the end of this period seventy-five cells were required to produce the amount of contraction formerly caused by forty-five; and under the full force of the primary current of a large Stöhrer's induction apparatus, slight contraction was produced in the deltoid. The further wasting of the muscles appeared also to have ceased, although they did not gain in bulk.

At this time treatment was suspended, the patient being compelled to leave town, and it could not be resumed until the close of September. In the interval, not only was the little good which had been gained by electrical treatment lost, but the paralyzed muscles had become more and more wasted, and it was now clear that the supra-spinatus also suffered. The wasting, indeed, was so great, that of the deltoid barely a filmy layer of fibres could be presumed to remain. Faradization over the affected muscles did not excite a trace of contraction, and electro-puncture yielded only doubtful action. But again the interrupted galvanic current caused marked contraction, and, pursuing the same course that he had done before, Mr. Radcliffe used daily for about a dozen times this form of current only. At the end of the twelve applications, on using the full force of the primary current of a Stöhrer's large induction instrument, distinct but slight contraction of the deltoid and infra-spinatus occurred. From this period faradization of the paralyzed muscles has been steadily

persisted in four times a week. The delatoid is now manifestly increasing in bulk, and its contraction under the induced current is very evident. A slight amount of voluntary power in the muscle is now also perceptible. The improvement in the infraspinatus is less manifest. The sensibility of the surface above the paralyzed muscles to all kinds of impressions is also returning. There is now, indeed, a reasonable hope that this at one time seemingly hopeless case will be cured.

Mr. Radcliffe's observations on the influence of the interrupted galvanic current in infantile paralysis have as yet yielded only negative results; but Dr. W. A. Hammond, of New York, has recently published three most instructive cases, in which electricity applied in this form was productive of great benefit.—("Half-Yearly Abstract," January—June, 1866.)

In conjunction with the electrical room of the National Hospital, we may mention that leading out of it is a small but most convenient gymnasium. This gymnasium is devoted to the mechanical appliances used for facilitating the treatment of paralysis by movements. It has been most ingeniously fitted up, under the directions of the physicians, by Mr. Heather Bigg.—*Lancet*, Nov. 26, 1866.)

The Sewing Machine.—Few inventions of modern times exhibit greater ingenuity and perform more satisfactorily the part assigned to them than the sewing machine; the introduction of which has done much to ameliorate the condition of the wretched sempstress, whose

"Stitch, stitch, stitch,
In poverty, hunger, and dirt,"

is so feelingly expressed in Hood's well-known "Song of a Shirt." Like all human achievements, however, its success is not without a drawback, and some months since we recorded the fact that in Paris the health of the habitual workers at the machine had been found to suffer to a serious degree. Within the last few days, Dr. Down, whose name is so well known in connection with his labours at the Redhill Asylum for Idiots, read a paper before a medical audience at Reigate, setting forth his personal experience of the effects of constant working at the sewing machine upon his female patients at the London Hospital. His attention having been attracted

by the constant recurrence of cases characterized by pallor, lassitude, pain in the back, and leucorrhœa, he was led to investigate the employments of these patients, and found that they almost invariably worked habitually at the sewing machine, and were, in fact, suffering from what has been euphemistically termed "peripheral excitement," the result of the friction of the thighs caused by their employment. Of this many were perfectly aware, and some had already abandoned a trade which they felt to be undermining their health. Similar observations have been made by French hospital physicians.

Dr. Down found that these cases occurred entirely amongst women employed in the heavy manufacturing work which is carried on at the East-end of London, and which is done by machines worked with treadles moved alternately by the feet. These machines are heavy, and require considerable exertion on the part of the operator; the alternate movements of the lower limbs must therefore be correspondingly energetic and laborious. In the machines which are in daily use amongst all classes for ordinary needlework, the labour being lighter, the movement is given by the action of the feet alone working simultaneously on one treadle; and with these machines no such unfortunate results as those to which we have alluded have been noticed. There is therefore, fortunately, no reason to forbid the use of the machine amongst private patients, though we doubt the advisability of allowing young ladies with ill-developed chests and growing spines to spend hours in an attitude which may induce deformity and disease, as much as, if not more than, the old "tambour frame," which was formerly put down, whether rightly or wrongly we are not prepared to say, as the cause of much spinal curvature.—*Lancet*, Oct. 20, 1866.

[There is no benefit conferred on mankind which may not be abused. The sewing machine enables a female to accomplish in two or three hours as much sewing as she could do by hand in a day. So far it is a boon—the day's work being accomplished, rest should be taken or some other occupation sought. But if the whole day be spent at working the machine, and the attempt is made to complete in a day, the work of a week, this is an intemperate use of the machine, and, as in all cases of intem-

perance, brings its evil consequences. That in many manufacturing establishments, through the cupidity of employers, girls are compelled to work the whole day with the machine is beyond doubt; and laborious as was their occupation formerly, in sewing, the introduction of the machine has been to them a serious evil, and added to the severity of the labours and to the greater impairment of their health. Some law should be enacted limiting the hours of labour on the sewing machine.—Ed. M. N.]

Reduction of Infantile Mortality; French Philanthropy.—The Paris correspondent of the *Daily News*, referring to the subject of infant mortality which has lately occupied the attention of the French journals, gives a striking illustration of the extent to which the excessive fatality of childhood may be reduced by proper attention to the requirements of nature. M. Jean Dollfus, one of the largest manufacturers in Alsacia, was shocked to find that the women employed in his factories lost 40 per cent. of their children in the first year, whereas the average mortality at that age in France is only 18. He came to the conclusion that a main cause of this frightful loss of incipient life was the necessity laid upon the mothers to resume work too soon after their confinement, and therefore, with the true grandeur of a merchant prince, determined to pay every woman in his service, who was brought to bed, six weeks' wages, without requiring any work for it. This was three years ago. The result of this philanthropic experiment has been the reduction of infant mortality in the district from 40 to 25. Six other houses have been so struck with the beneficial effects of M. Dollfus' system that they have resolved to adopt it, subject only to a modification—necessary, perhaps, in a commercial point of view, and wholesome as regards the independence of the workmen. Seeing the immense benefit to humanity produced by M. Dollfus's charity, they recommend to all their *employées* to make themselves participants in the system by a subscription of three sous a fortnight from all women in their factories between the ages of eighteen and forty five years. The premium is insufficient to cover the risk, but the masters undertake to make up the difference.

An example so good in every respect is well worthy of imitation in other countries.

We need not go to France for instances of children dying in their first year at the rate of 40 or even 50 per cent. Mothers are called away to work long hours in the field or the factory quite as soon after confinement with us as elsewhere, and their infants suffer from just the same causes as moved the kind heart of M. Dollfus.

The plan of establishing a fund from the contributions of the women themselves, to be available for the support of the mother during an enforced abstinence from her work, as being of the nature of an insurance, is certainly preferable to any scheme of mere eleemosynary help; and if the mention of M. Dollfus's success induce any of our employers of female labour to give the experiment a trial, we have little doubt that results equally satisfactory may be achieved.—*Lancet*, Dec. 1, 1866.

Adulterations in Spain.—The "Epoca" of Madrid gives such a description of Madrilenian diet, as to make it appear that the only genuine article to be procured is garlic. The butter is composed of tallow, remnants of cheese, the juice of the petals of marigold, and raw potatoes scraped and reduced to pulp. Bread is adulterated with the flour of peas, beans, &c., and whitened with carbonate of magnesia, bicarbonate of soda, plaster of Paris, alabaster, &c. Most of the chocolate sold at Madrid does not contain a particle of cocoa, for which flour, fat, and a few aromatic substances are substituted. Sausages are made with all kinds of villanous ingredients, such as the remains of dead horses. The list might be almost indefinitely prolonged; but the Madrilenian art of adulteration seems to have attained its highest perfection in the adulteration of wines and spirits, which they manufacture leaving out the juice of the grape altogether.—*Lancet*, Nov. 3, 1866.

Change of Doctor.—The following extract, which we make from an editorial in a late No. (Nov. 24th) of the *Medical Times and Gaz.*, is worthy of consideration both by physicians and patients.

"Patients will from time to time change their medical attendant; they have a perfect right to do so, and the thing cannot be resisted, and ought not to be resented if done courteously. Even the old family doctor, who has attended perhaps two generations in one house, some day finds

himself superseded by a younger rival; this is quite reasonable, natural, and inevitable. Patients too must, so long as human nature is human nature, and so long as anxiety, fear, hope, and credulity operate, desire from time to time to have a second opinion, and it may even happen that the 'second opinion' may be that of a man no way superior to the first attendant—nay, sometimes of a man much inferior in the eyes of real judges. Moreover, a change of attendant, or a consultation, may be carried out not only unreasonably, but brusquely, discourteously, and without due regard to the feelings and professional repute of the displaced practitioner. Under such circumstances, we hold it to be bad policy in the latter, however aggrieved, to remonstrate or make any show of annoyance. It never does any good, and only gives the patient reason to believe in his own importance, and in the heavy loss which the withdrawal of his patronage may occasion. Yet, if the patient is a man of sense, he ought to know that it is against his own interests as one of the public to treat his medical attendant shabbily.

"In many callings, but in medicine more than any of them, there is the greatest possible difference between 'eye service'—that is, the mere mechanical routine of duty, done perfunctorily, for mere pay—and the zealous, watchful, inventive heart service of a man who throws himself with all his powers and all his feelings into the effort to mitigate suffering or save life. It is just that which is above price, and which money cannot buy, which is trampled in the mud by persons who act shabbily to a zealous and conscientious medical attendant."

Novel Mode of Swindling a Physician.—

In a report of the Medical Association of Moselle, we are told of a case in which a woman refused to pay her doctor for more than one visit. She admitted in court that he had cured her of a severe illness; but said she only sent for him once; if he came oftener, that was his look out. The judge took the same view of the case; and the doctor got for his action an order to pay the costs of it!—*Brit. Med. J.*, Nov. 3, 1866.

Professor Trousseau.—We are happy to state that there is no foundation for the announcement made in some journals of the death of this eminent member of our pro-

fession. He had been slightly indisposed, but at latest accounts his health was quite re-established, and he was attending to his professional duties.

Homœopathic Life-assuring.—"The following indicates a clever method of attempting to raise a business; but the scheme does not seem promising in the future from its history in the past. A journal tells us that, it having been found that treatment by homœopathy increased the value of human life, a Life Assurance Company took the hint, and started on this platform into life. But "this Company was, for some cause, merged into another. The principle was correct, but the scheme was badly supported." In fact, as the Yankees say, it wouldn't float. Then came a better scheme (founded on truly homœopathic principles), offering to treat the victim either homœopathically, or, if he preferred it, on ordinary assurance principles; of course, the homœopathic life-insurer being done the cheapest. We are not told if any provision was made for a change of principles, nor if this plan was more successful than the former. However, there is, at all events, a chance for every one now. The *Empire Assurance Corporation*, with a moderate capital of half a million, has opened a *homœopathic section* for people of this credulity.

"But the Directors have not felt justified in making, in advance, a reduction of the premium rates; but they are assured by those who have mainly promoted the homœopathic section, that at the end of each quinquennial period for the division of profits, an advantage will be shown in favour of the assured in this section. The business in this section will be kept entirely distinct from the general business; so that by this means the Directors will be able to compile statistics from time to time, by which will be ascertained the comparative value of lives in the homœopathic and general sections."

If our homœopathic friends will consider this promise of the Directors equivalent to a reduction of 10 per cent. on the premiums, we can only say their credulity is even bigger than we thought it to be.—*British Med. Journ.*, Nov. 3, 1866.

[The same scheme is now presented to the gullibles in this country. The globulistic fraternity seems to be driven to strange expedients to maintain themselves.]

PEREIRA'S MATERIA MEDICA. By WOOD.—Now Ready.

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The task of the American editor has evidently been no sinecure, for not only has he given to us all that is contained in the abridgment useful for our purposes, but by a careful and judicious embodiment of over a hundred new remedies has increased the size of the former work fully one-third, besides adding many new illustrations, some of which are original. We unhesitatingly say that by so doing he has proportionately increased the value, not only of the condensed edition, but has extended the applicability of the great original, and has placed his medical countrymen under lasting obligations to him. The American physician now has all that is needed in the shape of a complete treatise on materia medica, and the medical student has a text-book which, for practical utility and intrinsic worth, stands unparalleled. Although of considerable size, it is none too large for the purposes for which it has been intended, and every medical man should, in justice to himself, spare a place for it upon his book-shelf, resting assured that the more he consults it the better he will be satisfied of its excellence.—*N.Y. Med. Record*, Nov. 15, 1866.

It will fill a place which no other work can occupy in the library of the physician, student, and apothecary.—*Boston Medical and Surgical Journal*, November 8, 1866.

We have here presented in a volume of a thousand pages, that which we sincerely believe the best work on materia medica in the English language. No physician, no medical student, can purchase this book, and make anything like a proper use of it, without being amply rewarded for his outlay.—*The Cincinnati Journal of Medicine*, November, 1866.

The American editor can very justly say, then, that "his office has been no sinecure." The result, however, of the labors of the different gentlemen engaged on the work has been to give us a compendium that is admirably adapted for the wants and necessities of the student. We willingly concede to the American editor that we have rarely examined a work that, on the whole, is more carefully and laboriously edited than this; or, we may add, that is more improved in the process of editing.—*New York Med. Journal*, December, 1866.

HAMILTON ON FRACTURES. New Edition.—Just Issued.

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Dr. Hamilton's treatise still holds its place without a rival as the very best on the important subjects of which it treats.—*Boston Medical and Surgical Journal*, Dec. 6, 1866.

A mirror of all that is valuable in modern surgery.—*Richmond Med. Journal*, Nov. 1866.

The perfect storehouse of appliances which are described and illustrated, renders it certainly the most complete work of the kind in this country, and perhaps there is nothing superior to it in any language. Hamilton's treatise is destined to rank for a long while as the leading authority on this subject, and we commend it once more to our readers with more than usual pleasure.—*Cincinnati Lancet and Observer*, November, 1866.

In the preparation of this edition the cases and

observations published since the date of the first have been studied, and valuable additions made both in the text and in the illustration of it. The chapter upon gun-shot wounds has been enlarged by the experiences of the late war, and the whole work brought up to the standard of practice at the present day; indeed, is itself the standard, and by it must be estimated the results of surgical practice.—*Buffalo Med. Jour.*, Nov. 1866.

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